



DIVISION OF GRADUATE MEDICAL SCIENCES  
BOSTON UNIVERSITY SCHOOL OF MEDICINE  
**REVISION OF EXISTING COURSE PROPOSAL FORM**

**Submission by (Dept/Program):** \_\_\_\_\_

A. Reason for Requested Change(s):

B. Requested Change(s)

Course Number: Current:      GMS/\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_

Proposed:      GMS/\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_

Title: Current: \_\_\_\_\_

Proposed: \_\_\_\_\_

Description: NOTE: This description is used for the GMS Bulletin and all other listings.

Current:

Proposed:

Prerequisite: Current:

Class Standing

Consent of Instructor

Courses: \_\_\_\_\_

Other (please describe)

Proposed:      Class Standing  
                    Consent of Instructor  
                    Courses: \_\_\_\_\_  
                    Other (please describe)

Credit Hours: Current: \_\_\_\_\_ credit hours  
                                 Variable credit hours \_\_\_\_\_

Proposed: \_\_\_\_\_ credit hours  
                                 Variable credit hours \_\_\_\_\_

Instructor/Course Manager: Current: \_\_\_\_\_

BU ID#: \_\_\_\_\_

Proposed: \_\_\_\_\_

BU ID#: \_\_\_\_\_

*NOTE: Must submit CV of any new instructor(s).*

Other (please describe):

## SIGNATURE PAGE

TITLE of Course: \_\_\_\_\_

Requested by: \_\_\_\_\_

Chair/Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact person for questions/notification regarding this proposal:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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### COMMITTEE APPROVALS:

Academic Policy Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Chair, APC

Approved

Provisional Approval for Semester:

Tabled:

Not Approved:

Associate Provost of the Division of Graduate Medical Sciences:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved

Not Approved: \_\_\_\_\_

COMMENTS:

**PLEASE SUBMIT COMPLETED REVISION OF EXISTING COURSE PROPOSAL FORM AND  
REQUIRED DOCUMENTS TO**

HEE-YOUNG PARK ([hypark@bu.edu](mailto:hypark@bu.edu) or L-315)